

Terms and Definitions

Agency - An agency is a business entity that provides Recovery Support Services (RSS).

Assessment - The collection of data necessary to develop an individualized treatment strategy aimed at eliminating or reducing alcohol/drug consumption and mental health symptoms by a thorough evaluation of the person's physical, psychological, and social status, a determination of the environmental forces that contribute to the alcohol/drug using behavior or mental health symptoms, and examination of the person's support systems and resources.

Case Management - Case Management services are assessing, planning, linking, coordinating, monitoring, and advocating for clients to ensure recovery support services are designed to meet their needs for care and are delivered in a coordinated and therapeutic manner.

Client - A person/consumer/individual receiving services from a program for behavioral health conditions. This term may be used interchangeably with eligible recipient (see definition of eligible recipient).

Confidentiality – Used interchangeably with 42 CFR and HIPAA. Agencies providing behavioral health services to clients are required to keep client records in a secure manner to ensure the privacy of individuals receiving services at their agency.

Current Assessment - An assessment having been conducted within the last six (6) months for substance use disorders and one (1) year for mental health disorders.

Dimensions - Dimensions are specific bio-psycho-social assessment areas defined by the American Society of Addiction Medicine Patient Placement Criteria Second Edition-Revised (ASAM PPC-2R) as the six (6) dimensional criteria: acute intoxication and/or withdrawal potential; biomedical conditions and complications; emotional, behavioral, or cognitive conditions and complications; readiness to change; relapse, continued use or continued problem potential; and, recovery/living environment.

Division of Substance Abuse and Mental Health (DSAMH) - A Division within the Department of Human Services that is responsible for the statewide delivery system of substance abuse and mental health clinical treatment and recovery support services.

Electronic Healthcare Record (EHR)- System operated by the Local Authorities for electronically authorizing, distributing, reporting on and billing for vouchered services.

Eligible Recipient - An individual who qualifies to receive Recovery Support Services (RSS) services as defined below.

Episode of Care – A period that begins with admission to the RSS program and ends with the last service provided. The episode includes clinical treatment and/or recovery support services.

HIPAA - Health Insurance Portability and Accountability Act of 1996. Requires the establishment of national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. It also addresses the security and privacy of health information data.

Level of Care - A level or modality of care is a step in the client's recovery process. A level of care includes clinical services, and may also include care coordination and recovery support services. Every time a client moves from one level of care to another, the appropriately licensed staff will be required to report the clinical reason for the change.

Revised 2/2019

Local Authority (LA)—Organization that contracts with Utah Division of Substance Abuse and Mental Health to manage the local system of delivery of substance abuse and mental health clinical treatment and recovery support services. Responsibilities of the LA include: utilization review and case management services, quality management and outcome assessment, management reporting, account management, claims processing, data collection and managing their provider network.

Recovery Support Services (RSS) - Approved non-clinical substance abuse services designed to engage and maximize the ability of Eligible Recipients to be successful in their recovery, and to live productively in the community.

Voucher—Provided to eligible recipients to pay for clinical treatment and recovery support services from a broad network of approved providers. Vouchers are provider, client, and service specific and are sent to the provider chosen by the eligible recipient via secure electronic means.

42 CFR, Part 2—Federal confidentiality rules that prohibit the redisclosure of information concerning a client in alcohol or drug treatment unless further disclosure is expressly permitted by the written consent of the person who it pertains or otherwise permitted by 42 CFR, Part 2.

Introduction

Purpose of the RSS Policy and Procedure Manual

RSS focuses on providing eligible recipients with a choice of provider and services to assist them in initiating and sustaining recovery. This manual is intended to provide agencies and individuals serving RSS participants with an understanding of how clients receive services, what services may be available to them, and the standards for providing those services.

Utah Division of Substance Abuse and Mental Health:

The Utah Division of Substance Abuse and Mental Health (DSAMH) is Utah's single state authority for substance abuse and mental health treatment in Utah. The RSS program has a SUD program manager that is in charge of program oversight, monitoring, compliance with Division Directives, etc. The LAs also have Care Coordinators that oversee the LA programs located in each of the Counties. Contact information for the LAs that have P-ATR programs are listed below:

RSS, ORG, and PATR contacts:

<u>Christine Simonette</u> SUD Program Manager 195 North 1950 West Salt Lake City, UT 84116 Office: 801-538-4335 csimonette@utah.gov	<u>Lindsay Bowton</u> Salt Lake County 2001 S State St. S2300 Salt Lake City, UT 84190 Office: 385-468- LBowton@slco.org	<u>Stevoni Doyle</u> Utah County 151 South University Ave, Suite 1500 Provo, UT 84606 Office: 801-851- 7134 stevonid@utahcou nty.gov	<u>Darren Sevy</u> Weber County Care Coordinator 237 – 26 th Street Ogden, UT 84401 Office: 801-778- 6811 darrens@weberhs.o rg	<u>Theresa Rock</u> Davis County Care Coordinator 934 South Main Street Office-801-773-7060 theresar@dbhutah.o rg	<u>Lisa Goodman</u> Southwest Behavioral 474 W 200 N St.George, UT 84770 Office:435-634-5647 lgoodman@sbhcutah .org	<u>Noella Sudbury</u> ORG SLCo Behavioral Health Salt Lake County 2001 S State SLC, UT 84190 Office 385-468-7060 nsudbury@slco.org
--	---	--	--	---	--	--

Revised 2/2019

Charlie Seifert

Bear River Health
Department
655 East 1300 North
Logan, UT 84341

Office: 435-792-6524

cseifert@brhd.org

AP&P Referring agents

Jennifer Branin Regional Contact for Utah County and Southern Utah jbranin@utah.gov	Lorrie Hansen Regional Contact for Salt Lake County and Tooele lhansen@utah.gov	Talona Talbot Regional contact for Northern Utah talonatalbot@utah.gov	Oogi Parry CCCs oparry@utah.gov
---	---	--	--

RSS Care Coordinators and/or Case Managers:

RSS Care Coordinators and Case Managers are housed within each of the LAs. Care Coordinators are the main point of contact under RSS for agencies wishing to become a network provider. Roles of the Care Coordinator and Case Managers should be defined within their own LA. Care Coordinators and/or Case Managers are responsible to ensure the following are done within their County:

- Assess gaps in services in the county
- Identify providers for service delivery along the continuum in the county
- Train providers on the requirements of the RSS manual
- Train providers on the use of their EHR systems.
- Provide technical assistance to providers to ensure implementation of RSS in their agency
- Coordinate referrals from identified entities
- Provide technical assistance to referring agencies to ensure smooth transition of clients from one agency to the other
- Ensure RSS funds are used to enhance current service availability rather than duplicate service availability

Revised 2/2019

- Monitor provider networks for compliance to the RSS standards
- Assist providers in applying for entry into the provider network
- Assist in the development of standards for newly identified recovery support services
- Monitor data collection reporting requirements and ensure follow up targets are met
- Ensurer program eligibility is determined prior to program enrollment.
- Ensure intake and follow-up
- RSS data specs and recovery capital scale are collected and entered into the EHR.

Local Authorities:

Local Authorities (LAs) are charged with ensuring all residents of their county have access to substance abuse and mental health treatment and recovery supports. LAs are responsible for contracting with providers to ensure choice of services delivered under RSS from a network of providers. Services include a full continuum of substance abuse treatment and recovery support services based on program allowability. LAs manage admissions to RSS, service and voucher authorization, and conduct regular monitoring visits of their providers to ensure compliance with the RSS manual and Division Directives.

LAs are responsible for defining the services available in their county as well as the targeted referral sources. LAs direct the Care Coordinators and Case Managers to the priorities in their county.

All RSS services provided and authorized by the Local Authority or other contracted provider documented in the clients EHR. The documentation shall include but not be limited to: authorizing staff, service being authorized, provider of service, funded amount, justification of need to include diagnosis or clinical justification if needed.

Alternate Funding Sources for RSS:

RSS may receive funding from other agencies/sources, to provide RSS services to a specific target population. As such, the funding agency will have the discretion to identify those individuals eligible for services, the total cap amount, as well as those services which will be funded under the RSS umbrella of services (see Service Description and Program Requirements within this manual). Funder specific criteria will be posted on the RSS website located at dsamh.utah.gov/provider-information/atr-program-manual-version-7/. Any changes to the RSS program as described within this manual will be included as appendices to the RSS manual.

Client Eligibility:

All State funded clients receiving recovery support services shall have documented services in the RSS data set and meet LA residency criteria for a participating programs. Substance use offenders as well as mentally ill offenders are eligible for P-ATR.

- Do not have the ability to pay for services
- Client Eligibility: Per Program Eligibility Requirements:
 - a. DC RSS: Currently enrolled and participating in a State funded Drug Court program.
 - b. PATR: be referred by the approved UDC referring agent.

Revised 2/2019

c. ORG:

- i.
Those in a residential level of care who are ready to step down to intensive outpatient/day treatment/outpatient
- ii.
Those ORG drug court participants who can maintain an outpatient level of care;
- iii.
Graduates of the CATS program.

County residence will be determined based on each county's current policy and procedure for determining county of residence and each county has specific guidelines which will vary.

Individuals deemed as unable to pay for services are those individuals whose gross income is at or below 300% of poverty as defined by the federal poverty guidelines found at <http://aspe.hhs.gov/poverty/11fedreg.shtml> (Federal Registry; January 20, 2011; Volume 76, Number 13)

Referral to RSS:

PATR- Adult Probation and Parole will send a list of eligible individuals that have been screened and approved for P-ATR funding. The LA is responsible to keep a log of all approved individuals eligible for services within their area. The local AP&P agency will then make contact with individuals, collect a Release of information (ROI), and referral form at which point they will send a copy of those 2 forms to the LA or send the individual with those 2 forms to the LA to get an intake appointment. The Local Authority RSS Care Coordinator and/or Case Managers will then see that the individual that was referred is on the approved funding list and either schedule an intake appointment or make contact with Corrections to ensure the individual is approved for funding. Care Coordinators/Case Managers maintain contact with referral sources while an individual is participating in the program. At intake, the case manager gathers a ROI from the individual to allow coordination to occur. The case manager then provides updates monthly to the referring entity with proper consents.

Currently, there is a cap of \$3,200 for PATR services per client.

Operation Rio Grande Court (ORG)- Applications should be sent to Noella Sudbury (nsudbury@slco.org), who will help coordinate availability and placement, alongside Salt Lake County BHS. Once placement is determined, the funding to the provider will come from the county's ATR fund.

Previous Program Enrollment:

All clients shall be screened for other possible RSS program entries upon referral and/or prior to (re)admission to the program. If a client is identified as possibly receiving services previously using the same funding source the Local Authority shall, contact the referral source for further information and obtain a release of information from the client to contact the previous providing agency. Local authority shall request the following information in order to continue with services. Summary of service expenditures and a client total expended to establish which services have already been received and to ensure service caps have not been reached client overall cap of \$3,200 has not been reached. If client

Revised 2/2019

still has funds remaining for the funding program the client can be admitted. If the client has reached the client cap then they will be denied services under that funding program.

Client Entry to RSS:

Regardless of referral source, all individuals interested in RSS benefits must enter into RSS according to their county of residence current RSS intake protocol. You can find locations and contact information for the County Local Authorities at:

<http://dsamh.utah.gov/substance-use-disorders/>

The client will schedule an appointment for eligibility, and a screening/intake with the RSS Care Coordinator/Case Manager. Based on eligibility for the program an intake may be performed or scheduled. During the intake a brief screening for needed recovery support services and potential level of care will be conducted.

The Care Coordinator/Case Manager will authorize approved services. The Case Manager will also discuss the benefits and risks of the program, review the program, gather releases of information, collect RSS data, and contact information. The Case Manager will notify the referring agency (as requested by the individual and with appropriate Releases of Information) with the outcomes of the screening. Intake and all other services and RSS program contact is to be documented and charted in the EHR (RSS services are payor of last resort).

Individuals eligible for Recovery Support Services **only** will receive RSS services based on the screening and RSS assessment conducted by the Care Coordinator or Case Manager and according to the funding programs criteria. Individuals for whom funding program will pay for treatment services must have a full bio-psycho-social assessment conducted by a licensed mental health professional approved by the LA and meet diagnostic criteria for placement. These services must also follow the funding sources criteria for eligibility and approved services.

Data Specs Requirements:

The Recovery Oriented Systems of Care (ROSC) Committee along with the PDC has identified specific recovery support service data specs including a recovery capital score that will be used by each Local Authority in order to gather information reflecting progress in an individual's recovery. Other client specific data will also be collected. State data specifications can be found at <http://dsamh.utah.gov/data/data-specifications/>

Data will be collected at intake and at different intervals as specified by the data specs, but no longer than 6 month intervals. The data will be collected during face to face interviews with participants and by a recovery capital questionnaire in which a score will be calculated and entered into the required recovery data specs. Data entry should be done on a continual basis in order to identify and address continual recovery support needs with the participant.

Voucher Management System or other DSAMH approved Electronic Management System:

The Utah RSS program uses electronic health records and voucher systems that are independently operated by the Local Authorities. The Local authority is responsible to record client level data, authorize vouchers, record service delivery, document approval, and justification for services. Local Authorities are also responsible to train their contracted service providers on their voucher system and accepted billing processes.

Revised 2/2019

RSS Service Authorization and Vouchers:

All RSS services must be provided within the specifications of the Voucher. Vouchers are agency and facility site location specific. Voucher information should include client name, service description, agency name, facility location, units of service, voucher begin date, and voucher end date. Vouchers will be issued to participants based on needs for the service, client's choice of services, clinical recommendations, and choice of providers. RSS services are based on individual needs and are dependent on availability of services and funding. Funding will be allocated to the participating Local Authorities using the Division's approved allocation methods. Each participating Local Authority will be responsible for overseeing their funding allocations and overseeing each client case rate. Individuals receiving services will be pre-notified of any changes to their status of funding. The Local Authority will make appropriate efforts to refer participants to other programs and resources when the service is not available through their program or funding is diminished. Regardless, all individuals seeking services from RSS will be notified of their expenditures and recovery support plan. Regardless of service received, all services must receive prior authorization. As a result services such as assisting clients with late payments, past due balances, or any fines are not eligible for reimbursement through RSS.

Types of Services:

Recovery Support Services (RSS): These services are designed to support individuals in initiating and/or maintaining recovery. It has been well established that treatment is not the only route to recovery. Many people need support along their recovery journey. Recovery support services can be provided prior to treatment, during treatment, after treatment and in lieu of treatment for those individuals who choose not to engage in formal treatment services. Recovery support services are designed to assist individuals in building stability in their recovery and improving their overall wellness. As well, many individuals will be able to initiate and maintain recovery with recovery support services alone.

Providers will be required to meet the Local Authorities standards of service delivery and provider capacity. To become a recovery support services provider an agency must meet the standards defined by the Local Authority they will be contracting with and complete the application process prior to contracting for the provision of those services.

Treatment Services: Treatment services will be available for qualifying individuals including: Intensive Outpatient (IOP) ASAM (Level II) and General Outpatient ASAM (Level I). Determination of treatment level will be based on a full bio-psycho-social assessment.

Treatment providers must meet certain criteria to participate as an RSS network provider. These criteria include:

1. Licensed by the Department of Human Services Office of Licensing to provide the identified services in Utah.
2. Approved to provide voucher funded substance abuse treatment services through contract/agreement with one of the LAs.

Funds of Last Resort: RSS funds are considered funds of last resort. Individuals will not receive vouchers for services which they have coverage with another funding source. Individuals with Medicaid or other third party payment must utilize those funds for payment of covered services. RSS funds will only pay for those services/supports for which the individual has no other source of funding.

Discharge:

There is no prescribed standard for the length an individual maintains contact with RSS. Individual cases will be closed under the following circumstances:

Revised 2/2019

- 1) The individual's benefit has been fully expended, or
- 2) The individual chooses to be released from RSS services and requests to be discharged from the case manager

Billing Services:

All services delivered must be billed within 30 calendar days from the date of service. Services billed 31 days or more after the date of service may be denied. All billing must be submitted according to the local authorities billing policy and procedures. Providers shall be reimbursed for approved claims within 30 days of the claim submission. Invoices submitted to the State by the contracted Local Authority must be submitted in accordance to the contract and must be submitted to the States Kissflow system monthly.

Documentation Requirements:

All services reimbursed by RSS must have documentation to substantiate the service being billed. Information must meet agency standards for the type of service as described by the licensing body. At a minimum the documentation must directly link the RSS client to the service as well as the individual receiving the service (if different from the RSS client). Documentation must show the date the service was delivered, who provided the service and the length of time (or number of units) delivered.

Provider Application to RSS:

To become a provider, an agency must contact the Local Authority in which they are conducting business and follow their application and contracting requirements.

Service Description and Program Requirements

Treatment Services

Assessments and Screenings (Psychiatric Diagnostic Interview Examination, Screenings/Alcohol and Drug info collection by Non-Mental Health Therapist): Assessment is the systematic process of interaction with an individual to observe, elicit, and subsequently assemble the relevant information required to manage his or her problems, both immediately and for the foreseeable future. An assessment gauges which of the available clinical treatment and recovery services options are likely to be most appropriate for the individual being assessed.

Assessments must be conducted by individuals qualified under Utah Code and within agencies licensed by the Utah Department of Human Services Office of Licensing (OL) as a substance abuse or mental health treatment program for Outpatient services.

For substance use and mental health disorders, assessments must meet the requirements specified in the Utah Recovery Oriented System of Care Practice Guidelines. For mental health disorders the assessment must also meet the requirements specified in the current Medicaid manual. The ROSC manual can be found at: dsamh.utah.gov/provider-information/rosc-practice-guidelines/. RSS will not reimburse for more than one assessment per eligible participant, network providers must accept assessments completed at other network providers.

Funding source approved for this service: P-ATR, JRI

Revised 2/2019

Outpatient Treatment (OP): Outpatient treatment programs shall serve consumers who require less structure than offered in day treatment or residential treatment programs. Consumers are provided treatment as often as determined and noted in the treatment plan. Outpatient treatment program means individual, family, or group therapy or counseling designed to improve and enhance social or psychological functioning for those whose physical and emotional status allows them to continue functioning in their usual living environment in accordance with Subsection 62A-2-101(12). Outpatient services may include: GOP treatment services (ASAM Level 1) and IOP treatment services (ASAM Level 2.1) .

Outpatient treatment programs must be licensed by the Utah Department of Human Services Office of Licensing (OL) as an Outpatient Treatment program. License must be kept current. At any time a license is suspended or revoked by the OL, the program must immediately notify the Local Authority. The LA will not reimburse or authorize new vouchers to agencies during periods in which they do not have a current OL license for the identified service.

Records for services must be maintained in accordance with the OL requirements. For services delivered to treat a substance use disorder records must also be maintained in accordance with the DSAMH Treatment Practice Guidelines section III and V. The Substance Abuse Treatment Practice Guidelines can be found by contacting your Local Authority. Included service list for Outpatient services.

Individual Psychosocial Rehab Svcs.	Approved funding source: P-ATR, JRI
Individual/Family Therapeutic Behavioral Services	Approved funding source: P-ATR, JRI
Individual Psychotherapy 20-30 min	Approved funding source: P-ATR, JRI
Individual Psychotherapy 45-50 minutes	Approved funding source: P-ATR, JRI
Individual Psychotherapy 75 - 80 min	Approved funding source: P-ATR, JRI
Individual Continuing Care/Recovery Management	Approved funding source: P-ATR, JRI
Group Psychosocial Rehab service/ Group Skills Development	Approved funding source: P-ATR, JRI
Group Psychotherapy- Multi family group	Approved funding source: P-ATR, JRI
Group Psychotherapy (other than multi-fam)	Approved funding source: P-ATR, JRI
Group Therapeutic Behavioral Services	Approved funding source: P-ATR, JRI
Family Psychotherapy - with patient present	Approved funding source: P-ATR, JRI
Family Psychotherapy - without patient present	Approved funding source: P-ATR, JRI

Funding source approved for this service: see approved funding source on above table

Recovery Support Services

Revised 2/2019

Urinalysis Testing: As defined in Administrative Rule R523-15, Drug testing is the “scientific analysis for the presence of drugs or their metabolites in the human body in accordance with the definitions and terms of this chapter.” Drug Testing may be conducted by any one of the following:

1. An approved substance abuse treatment agency holding a current license with the Utah Department of Human Services Office of Licensing (OL) for Social Detoxification, Residential Treatment or Outpatient Treatment.
2. An approved Case Management agency.
3. An agency certified by either the Substance Abuse and Mental Health Services Administration (SAMHSA) or the College of American Pathology, or Clinical Laboratory Amendments Act (CLIA).

Drug Testing must follow the standards set forth in the Substance Abuse Treatment Practice Guidelines Part IV Section 1.9.C.a-h.

Funding source approved for this service: P-ATR, DC-RSS, JRI

Continuing Care: Continuing Care is appropriate for individuals who have completed Residential, Intensive Outpatient or Outpatient treatment but require additional supportive services to maintain the gains made during treatment. Appropriate interventions in Continuing Care include: relapse prevention, continued development of prosocial support systems, daily living skills education and vocational support.

Continuing Care services can be delivered by the agency with whom the individual received treatment services. The agency must be licensed with the Utah Department of Human Services Office of Licensing as a provider of substance use disorder treatment. Individuals receiving Continuing Care should maintain no more than 2 hours of face to face continuing care services per week. Continuing Care services are delivered by appropriately qualified substance abuse counselors and/or licensed mental health therapists. Continuing Care may not be provided in conjunction with Recovery Management.

Each continuing care service must be documented in the client file. Documentation must include, at a minimum: date of service, name of service provider, length of service, client attendance, brief summary of the activity/service delivered, signature, and credentials of the individual who provided the service.

Funding source approved for this service: P-ATR, JRI, DC-RSS

Recovery Management: Recovery Management is appropriate for individuals who require professional supports to maintain stability but who do not require the intensive services of outpatient treatment or higher, or who are awaiting entry into a higher level of care, or who have concluded a higher level of care but require services to maintain the gains made at that level. Services provided in Recovery Management include peer support groups, life skills education, identification of relapse triggers and development of prosocial support systems. With pre-approval from the Care Coordinator, individual or family therapy may be authorized to assist the individual in maintaining or regaining stability. Therapy that is authorized with the Care Coordinator approval will be as follows; Group Psychosocial rehab services, Group Psychotherapy, Group therapeutic behavioral services, Family Psychotherapy (with or without the patient present), or individual therapy. Each recovery management service must be documented in the client file. Documentation must include, at a minimum: date of service, length of service, client attendance, brief summary of the activity/service delivered, signature and credentials or role of the individual who provided the service.

Funding source approved for this service: P-ATR, JRI, DC-RSS

Revised 2/2019

Case Management: Case management is provided to all individuals receiving RSS services. Case management is provided to individuals to assist with engagement and retention in the RSS program. Case Managers will facilitate access to needed services, ensure client data is accurately maintained and reported, closely monitor expenditure of funds for vouchered services, refer to community partners or agencies, assist with insurance or financial eligibility applications, coordinate care.

Case managers are responsible for maintaining current contact information and maintaining at least monthly contact with the client through face to face or electronic means. They are responsible for tracking use of services authorized, and assisting the client to gain benefit from access to and maintenance of services, supports, and community resources identified in the service plan. Case managers are responsible for monitoring the effectiveness of RSS, verifying that authorized services are being utilized; authorizing additional services as needed; ascertaining the client's satisfaction with the services provided; documenting in the case record the progress of the client; ascertaining whether the services to which the client has been referred are and continue to be appropriate to the client's needs.

Reimbursable services within case management may include, but not limited to: Direct verbal or written intervention or consultations with families, schools, courts, employers, and other agencies on behalf of clients but not with the client present, in order to plan, coordinate, cooperate or deliver incidental services necessary to effective service provision of the RSS client. Case management entails assisting RSS clients to gain access to needed medical, social, educational, and other services as required.

Funding source approved for this service: P-ATR, JRI, DC-RSS

Peer Support Specialists: Peer support case management is provided to all eligible PATR clients to assist PATR Care Coordinators and Case Managers in providing client choice in their treatment.

Funding source approved for this service: P-ATR

Peer Support Specialist Facilitated Groups: Peer support specialist facilitated groups is provided by those who have lived experience. These groups can be Curriculum-based, Topic focused, or open forum. This service is to assist the PATR Case Manager and PATR Care Coordinator with facilitating groups.

Funding source approved for this service: P-ATR

Transportation Services: (Bus Pass per Trip, Bus Pass per Month, Gas Vouchers, Fare Pay Card) Transportation services are available for clients who are engaged in treatment and/or recovery support-related appointments and activities and who have no other means of obtaining or paying for the cost of transportation. Case Managers may voucher bus passes or gas vouchers depending on the client's resources and needs. Bus passes, bus tokens, fare pay cards, and gas vouchers must be provided by participating RSS providers. Documentation of providing the voucher to the client must be in the client file for reimbursement.

Bus passes, fare pay cards, or bus tokens may be vouchered per ride or per month depending on the needs of the client. Gas vouchers may be issued for clients who have the means of transportation but need assistance with the cost of gas. Monthly cap of \$160.

Funding source approved for this service: P-ATR, DC-RSS, JRI

Revised 2/2019

Miscellaneous Other Transportation Services: Miscellaneous transportation services are available for clients who are engaged in treatment and/or recovery support-related appointments and activities and who have no other means of obtaining or paying for the cost of transportation. Case Managers may voucher for a one time only bicycle for clients not choosing to utilize transportation services. Documentation of providing the voucher to the client must be in the client file for reimbursement.

A cap of \$200 per bicycle under miscellaneous transportation services.

Funding source approved for this service: P-ATR, DR-RSS, JRI

Medical Prescription services (including MAT):

Prescription services include Doctor prescribed medications that are deemed medically necessary from a doctor. Prescription coverage shall be used to assist individuals with the cost associated with obtaining such needed medications during time of reintegration from the criminal justice system or for a limited time until other methods of payment can be utilized. MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. MAT must be administered and/or prescribed (as appropriate) by an appropriately licensed individual approved to prescribe the medication for the purpose of substance use disorders.

MAT includes Buprenorphine, Methadone, Naltrexone, Disulfiram, Acamprosate Calcium, Vivitrol and Suboxone. Regardless of type, MAT services may not exceed the currently set lifetime cap of the client.

Staff shall verify medical prescriptions and utilize prescription cost reductions if applicable.

A cap of \$1000 total may be authorized for these services and all other medication/prescription costs combined. With an additional cap of \$500 for Physicians costs, dispense costs, and lab fees (see Physical Care: Medical and Dental Services). P-ATR funding caps specific.

Funding source approved for this service: P-ATR, DC-RSS, JRI

Physical Care: Medical and Dental Services: Physical care services include preventive care, medication management, primary care for health, physical care, eye-care, and dental services. RSS will not reimburse for hospitalization. Justification must detail how the individual will be unable to enter into, or maintain recovery without the services being requested. Equipment and services related to medical care may also be approved. Examples include: hearing aids, eyeglasses, or dental services. Regardless of services approved, RSS will reimburse only up to \$1000 of the cost of all approved physical care services. The client will be responsible for all remaining costs once the \$1000 limit has been met.

There is a \$1000 lifetime cap for all medical services in combination with a cap of \$1500 for prescriptions. P-ATR funding cap specific.

Funding source approved for this service: P-ATR, DC-RSS, JRI

Wellness Services:

Educational Assistance Services:

Revised 2/2019

Educational services are those services provided to groups of individuals in a didactic setting. Educational services focus on providing RSS clients or family members with information on specific topics designed to reduce the likelihood that the RSS client will return to use or have decreased life functioning related to increased mental health symptoms. Examples of educational services include: GED or assistance with obtaining books needed for school. Each educational service must be documented in the client file. Documentation must include, at a minimum: date of service, length of service, client attendance, brief summary of the activity/service delivered, signature and credentials or role of the individual who provided the service.

Funding source approved for this service: P-ATR, DC-RSS, JRI

Life Skills Services: Life skills are services provided to individuals to assist them in learning skills to ensure Life skills services address activities of daily living such as; budgeting, time management, interpersonal relations, household management, anger management, communication skills, and other issues.

Funding source approved for this service: P-ATR, DC-RSS, JRI

Emergency Housing Assistance: Emergency Housing is appropriate for individuals who are homeless, in imminent risk of losing their current housing situation without assistance, or who require assistance to help them acquire stable housing and for whom loss of this housing situation will create imminent risk of increased substance use disorder symptoms and a high likelihood of relapse. Emergency housing is based on notification of eviction notice. A copy of eviction notice must be retained for records or short term stay at hotel until other services can be obtained.

Entry into emergency housing must be approved by the individual's RSS case manager and the PO. The case management record must include proof of housing costs and reimbursement. The client must be named on the lease agreement or mortgage paperwork as a renter/owner of the identified property for the time frame in which reimbursement is provided. A copy of the lease agreement and/or mortgage verification must be included in the client's case management file. Copies of eviction notices must be obtained and documented.

Total cap of \$800 may be authorized for this service. There is a cap of \$800 for all housing types of services combined (Emergency Housing, Sober Supportive Housing and Rental Assistance) not individual.

Funding source approved for this service: P-ATR, DC-RSS, JRI

Sober Supportive Housing: Sober supportive housing provides drug and alcohol free housing to individuals who are at immediate risk for relapse as a result of their current housing situation. Sober supportive housing means a 24-hour group living environment providing room and board to eligible individuals. Entry into sober supportive housing must be approved by the individual's RSS case manager and the PO.

Sober supportive housing providers must meet one of the following:

1. Be licensed through the Utah Department of Human Services, Office of Licensing as a Residential Support agency
2. Be licensed by DHS, OL license as a residential treatment agency that is associated with the sober/transitional housing unit
3. Be licensed by DHS, OL as a Recovery Residence

Revised 2/2019

ORG Eligible Sober Living Providers: sober living voucher funding is available to any willing **State certified** sober living provider, so long as the provider's rate is competitive (does not exceed \$800/month for a shared room and \$950 for a single room) and the sober living facilities are determined by our team to provide a quality level of care. To make this determination, we will rely on information from the Division, County Behavioral Health Services, and an inspection and approval of the residence by the UPD drug court detective team.

***P-ATR** total cap of \$800 may be authorized for this service. There is a cap of \$800 for all housing types of services combined (Emergency Housing, Sober Supportive Housing and Rental Assistance) not individual.*

***ORG** will assist in paying for up to 6 months of sober supportive housing at the contracted rate and security deposit at Salt Lake County contracted providers.*

Funding source approved for this service: P-ATR, ORG, DC-RSS, JRI

Rental Assistance: Rental Assistance is appropriate for individuals who are needing assistance with monthly rental payment. Rental Assistance must be approved by the individuals RSS case manager and the Probation officer. The case management record *MUST* include proof of housing costs for reimbursement. The client must be named on the lease agreement or mortgage paperwork as a renter/owner of the identified property for the time frame in which reimbursement is provided. A copy of the lease agreement and/or mortgage verification must be included in the client's case management file. Rental assistance does not include utility assistance.

Total cap of \$800 may be authorized for this service. There is a cap of \$800 for all housing types of services combined (Emergency Housing, Sober Supportive Housing, and Rental Assistance) and not individual.

Funding source approved for this service: P-ATR, JRI, DC-RSS

Other Housing Assistance:

Employment assistance: Employment Services and Job Training oriented vocational services are directed toward improving and maintaining employment and include: training in a specific skill or trade to assist individuals to prepare for, find, and obtain competitive employment. Additionally, employment services includes the acquisition of those supports one needs in order to secure employment such as obtaining a valid identification document, job appropriate tools or clothing, permits, certification fees. Employment Assistance must be approved by the individual's RSS case manager and the case management record must include proof of employment and documentation to support purchases made for reimbursement. Employment services may include but not limited to purchasing phone cards to assist clients in their job search.

There is a lifetime cap of \$500 for this service. P-ATR funding cap specific.

Funding source approved for this service: P-ATR, DC-RSS, JRI

JRI and Drug Court and other non-P-ATR programs RSS Services

Revised 2/2019

Funds shall be used to provide individualized evidence based prevention, and recovery support services that reduce recidivism or reduce the per capita number of individuals who are incarcerated with a substance use (SUD) or a mental health disorder (MH), or individuals in need of recovery support services; as clinically indicated or as deemed necessary by the individual as a requirement for their recovery and complies with DSAMH guidance and directives.

Operation Rio Grande Court (ORG)

Funds shall be used to provide sober supportive housing that will reduce recidivism or reduce the per capita number of individuals who are incarcerated or in a residential treatment facility with a substance use (SUD) or a mental health disorder (MH), or individuals in need of; as clinically indicated or as deemed necessary by the individual as a requirement for their recovery and complies with DSAMH guidance and directives.

If any contracted vendor is on corrective action, funds cannot be expended without written permission from DSAMH

Local Authorities ARE authorized to charge PATR clients a “no-show” fee in the event they do not attend a scheduled meeting. This fee will be as follows:

No-show to scheduled case manager meeting: 2 units of case management

No-show to scheduled Dr/Dentist visits: \$50 to Dr/Dentist and 1 unit of case management

See approved service list for a complete list of services, rates and service codes.

Revised 2/2019